

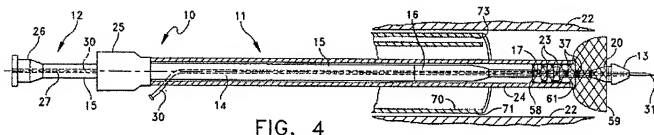
REMARKS

In response to the office action mailed May 14, 2008, Applicant amended claims 11 and 23. Claims 1-10, 14, 15, 25, 28, and 31-34 were previously cancelled. Thus, claims 11-13, 16-24, 26, 27, 29, and 30 are presented for examination.

Claims 11-13, 16-24, 26, 27, 29, and 30 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Ravenscroft, US 5,702,418 ("Ravenscroft"). But Ravenscroft does not disclose or render obvious a stent delivery system that includes a stent and a grip member having a hub region and a body region tapered from a first end to a second end, where the grip member is engaged to a portion of the inner shaft nearer a distal end of the inner shaft than a proximal end of the inner shaft, the hub region of the at least one grip member is positioned between the stent and the proximal end of the inner shaft, and the grip member is configured so that the stent directly contacts the hub region when the sheath is retracted, as required by claims 11-13, 16-22, 26, and 29. Similarly, Ravenscroft fails to disclose or render obvious a method that includes providing a stent and a grip having a hub region and a body region tapered from a first end to a second end, where the grip is nearer a distal end of the catheter shaft than a proximal end of the catheter shaft and the hub region of the grip is positioned between the stent and the proximal end of the catheter shaft, and retracting an outer sheath relative to a catheter shaft, where the stent directly contacts the hub region of the grip when the outer sheath is retracted, as required by claims 23, 24, 27, and 30.

Referring to Ravenscroft's Fig. 4, which is reproduced below, Ravenscroft discloses a stent delivery system that includes a distal tip 13. See, e.g., Ravenscroft, col. 5, lines 1-3. The Examiner contended that the tapered portion of Ravenscroft's distal tip 13 corresponds to Applicants' claimed tapered body region and that the enlarged distal portion of Ravenscroft's distal tip 13 corresponds to Applicants' claimed hub region. But, even assuming the Examiner's contentions are correct, which Applicant does not concede, Ravenscroft's system does not include a grip that is nearer a distal end of a shaft than a proximal end of the shaft, where a hub region of the grip is positioned between a stent and the proximal end of the shaft, as required by Applicant's claims. To the contrary, the enlarged portion of Ravenscroft's distal tip 13 is located distal to his stent 20. See, e.g., id., Figs. 1, 4, and 5. Further, a person of ordinary skill would

not have modified Ravenscroft's system to position the enlarged portion of his distal tip 13 between his stent 20 and the proximal end of his plastic core 14 or guidewire 31 (i.e., the component that the Examiner contended corresponded to Applicant's claimed shaft).



Moreover, Ravenscroft's stent 20 is not described as directly contacting the enlarged distal portion of his distal tip 13 as his outer sheath 24 is retracted, as required by Applicant's claims. Rather, Ravenscroft illustrates his outer sheath 24 as abutting the enlarged distal portion of his distal tip 13 in an initial configuration and illustrates his stent 20 as being located proximal to the enlarged distal portion of his distal tip 13. See, e.g., id., Fig. 1. As shown in Fig. 4 above, when the outer sheath 24 is retracted to deploy the stent 20, the stent 20 remains proximal to the enlarged distal portion of the distal tip 13. See, e.g., id., col. 6, lines 21-40; Fig. 1. Thus, even if Ravenscroft's distal tip 13 were considered to include a hub region (e.g., the enlarged distal portion of the distal tip 13) and a tapered body region (e.g., the tapered proximal portion of the distal tip 13), which Applicant does not concede would be a fair characterization of Ravenscroft's system, his stent would not directly contact the hub region as the outer sheath is retracted. Moreover, a person of ordinary skill in the art would not have modified Ravenscroft's system to place his stent 20 in contact with the enlarged distal portion of his distal tip 13. As noted above, the enlarged distal portion of Ravenscroft's distal tip 13 provides an abutting surface for his outer sheath 24. There is no indication that it would be physically possible to place both Ravenscroft's stent 20 and his outer sheath 24 in abutment with the enlarged distal portion of his distal tip 13, let alone desirable.

The Examiner contends that such a modification would have been obvious as a matter of design choice and points out that it would be physically possible for Ravenscroft's stent to

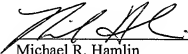
directly contact an inner portion of the inner surface of the hub region (i.e., the enlarged distal portion of the distal tip 13) while the sheath engages the outermost portion of the hub region (i.e., the enlarged distal portion of the distal tip 13). However, as noted above, there is no indication that direct contact between Ravenscroft's stent and hub region is possible without modification of Ravenscroft's system, and there is certainly no indication that modifying Ravenscroft's system to achieve such an arrangement would be at all desirable. Thus, Applicant submits that the Examiner, with the knowledge of Applicant's claimed invention, has impermissibly used hindsight to conclude that one skilled in the art would have found it obvious to modify Ravenscroft's system to achieve the arrangement of Applicant's claims.

In view of the foregoing discussion, Applicant requests reconsideration and withdrawal of the rejection of claims 11-13, 16-24, 26, 27, 29, and 30 as being unpatentable over Ravenscroft.

Please apply any charges or credits to Deposit Account No. 06-1050, referencing Attorney Docket No. 10527-794001.

Respectfully submitted,

Date: July 10, 2008



Michael R. Hamlin
Reg. No. 54,149

Fish & Richardson P.C.
225 Franklin Street
Boston, MA 02110
Telephone: (617) 542-5070
Facsimile: (877) 769-7945